

My Commission expires _

GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, Social Workers And Marriage And Family Therapists 237 Coliseum Drive Macon, Georgia 31217-3858 (478) 207-1670 (Telephone) * www.sos.ga.gov

REQUEST FOR INACTIVE STATUS

INSTRUCTIONS:

- A licensee who does not intend to practice in Georgia and who therefore does not intend to practice or use the title Professional Counselor, Social Worker, or Marriage and Family Therapist may apply to convert an active license to inactive status. An individual who holds an inactive license will not be required to renew their license or to satisfy the biennial renewal requirements. Board Rule, Chapter 135-6-06 (1)
- A person who holds an active license may apply for inactive status in the following manner:
 - Request in writing that the Board place the license into inactive status; and,
 - □ Submit this affidavit affirming that while on inactive status the licensee will not in anyway indicate or imply: that they hold an active Georgia license; or that they practice as a Professional Counselor, Social Worker or Marriage and Family Therapist; or use within the State of Georgia any words, letters, titles or figures which indicate that they are a Professional Counselor, Social Worker, or Marriage and Family Therapist; and
- A person who holds an inactive license may apply to reactivate their license within five (5) years or less from date active status was converted to inactive status by the administrative staff. After five (5) years of inactive status, an Application for Reinstatement must be filed pursuant to Board rule 135-6-.04.
- See Board Rule, Chapter 135-6-.06(5) for procedures to apply for reactivation of license.

PERSONAL DATA (Please print or type)			
LEGAL NAME			
Last	First	Middle	
*Social Security Number:/	_/ E-MAIL ADDR	ESS:	
*[For identification, law enforcement, statistical and	administrative purposes]	Please PRINT Clearly	
NAME IN WHICH LICENSE WAS ORIGINALL	Y ISSUED (IF DIFFERENT)	_	
HOME ADDRESS			
Street	Ci	ty	State
Zip Code BUSINESS ADDRESSStreet			
Street	Ci	ty	State
Zip Code TELEPHONEHOME)			
HOME) AFFIDAVIT	(BUSINESS)	(FAX)	
I hereby attest that I am currently the holder of license be placed on inactive status. While on or that I am practicing as a Professional Counany words, letters, titles or figures which indicated I am forwarding herewith my biennial renewal.	inactive status I will not in any way selor, Social Worker or Marriage a ate that I am a Professional Couns	rindicate or imply: that I hold nd Family Therapist; or using	I an active Georgia license; g within the State of Georgia
Date	Signature of Licensee		<u> </u>
Sworn to and subscribed before me this			
day of,,			
Notary Public			

NOTARY SEAL

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